

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

Starr Indemnity & Liability Co.

MFDR Tracking Number

M4-23-0473-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 20, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 7, 2022	Meclizine CHW 25 mg	\$64.89	\$7.05

Requestor's Position

The original claim was paid on **07/07/2022** on document control number **0002512379**. Then on **08/11/2022**, document control number **0002517562** on the explanation of benefits states that the payment has now been **REVERSED**.

Amount in Dispute: \$64.89

Respondent's Position

The Austin carrier representative for Starr Indemnity & Liability Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on October 25, 2022.

Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code §133.240 sets out the procedures for payment or denial of a medical bill.
2. 28 TAC §133.260 sets out the procedures for requesting refunds from health care providers.
3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
4. 28 TAC §134.503 sets out the fee guidelines for pharmaceutical services.

Denial Reasons

No explanations of benefits defining amount of payment or denial of payment for the drug in question were submitted.

Issues

1. Is Memorial Compounding Rx (Memorial) entitled to reimbursement for the service for the drug in question?

Findings

1. Memorial is seeking reimbursement for Meclizine CHW 25 mg dispensed on June 7, 2022. Memorial argued that the insurance carrier paid for the drug on July 7, 2022, and then reversed payment on August 11, 2022. The greater weight of evidence presented to DWC supports this claim.

No codes were provided to support a denial of payment for the drugs in dispute. Based on the documentation provided, the DWC finds that there is insufficient evidence that the insurance carrier reimbursed the drugs in question, provided a reason for denial as required by 28 TAC §133.240 (f), or requested a refund for services paid in accordance with 28 TAC §133.260.

Because the insurance carrier failed to sufficiently support a denial of reimbursement or that the bill was paid, DWC finds that Memorial is entitled to reimbursement. The reimbursement considered in this dispute is calculated according to 28 TAC §134.503 (c).

- Meclizine CHW 25 mg tablets: $(0.04060 \times 60 \times 1.25) + \$4.00 = \$7.05$

The total allowable reimbursement for the drug in question is \$7.05. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement of \$7.05 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Starr Indemnity & Liability Co. must remit to Memorial Compounding Rx \$7.05 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	February 10, 2023
Signature	Medical Fee Dispute Resolution Officer	Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.